

2556

N. B.—If of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>156</u>	
District of _____	ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>578</u>	
Town of _____		Local Registrar No. _____	
or			
City of <u>Globe</u>	No. _____ St. _____ Ward _____		
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Bernice Mitchell</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>7.</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth _____
6. Legitimate? <u>yes</u>		7. Date of birth <u>10-22-22</u>	Month, day, year
8. FATHER		14. MOTHER	
Full name <u>Charles Wilmer Mitchell</u>		Full maiden name <u>Sophia Veronica Stepsha</u>	
9. Residence (Usual place of abode) If nonresident, give place and State <u>Globe, Arizona</u>		15. Residence (Usual place of abode) If nonresident, give place and State <u>Globe, Ariz.</u>	
10. Color or race <u>White</u>	11. Age at last birthday <u>33</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>23</u> (Years)
12. Birthplace (city or place) (State or country) <u>New Mexico</u>		18. Birthplace (city or place) (State or country) <u>New York</u>	
13. Occupation Nature of Industry <u>Electrician</u>		19. Occupation Nature of Industry <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>5:30 A.</u> m. on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>C. W. Adams</u>	
		(Physician or midwife)	
Given name added from a supplemental report _____ (Month, day, year)		Address <u>Globe, Arizona</u>	
<u>243-1022-221</u>		Filed <u>Nov 12, 1922</u> <u>10:15 A.M.</u>	
Registrar.		Filed <u>Dec 5, 1922</u> <u>10:15 A.M.</u>	
		Local Registrar _____	
		County Registrar _____	